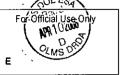
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13616

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas Burke	Name Pipe Fitters' Assoc. Local 597 U.A.
	Labor Organization File Number [016-412
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 45 N. Ogden Avenue	Street 45 N. Ogden Avenue
City Chicago	City Chicago
State Illinois ZIP Code + 4 60607	State [Illinois ZIP Code + 4 60607
5. Position in labor organization. Business Agent	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed James a. P. m. C.	on 3-28-06
many a. May	Date Telephone Number
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Name of Ferson Filling Thomas Burke	13616	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street	E 1 o Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
j		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	NIPSCo sponsored an event which the ticket value was approximately \$100. A raffle ticket was included with the event ticket. As a result of the raffle a Tayor Made RT golf club was received with a list price of \$398,	
Name NIPSCO		
Trade Name, if any:	The state of the s	
P.O. Box, Bldg., Room No., if any	The second of th	
Street 801 E. 86th Avenue	The state of the s	
City Merrillville		
State Indiana ZIP Code + 4 46410		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$498	